



February 6, 2023

Human Services Committee
Legislative Office Building, Room 2000
Hartford, CT 06106

Delivered via email: Human Services Committee

Re: Hearing 2/7/2023 – Support for Raised S.B. No. 946, An Act Concerning the Connecticut Home-Care Program for the Elderly

Dear Co-Chairs Gilchrest and Lesser and Honorable Members of the Committee,

On behalf of Seniorlink and Caregiver Homes, I'm writing to offer comments and convey our support for S.B. No. 946. In particular, we wholeheartedly endorse the provision within the legislation that would make it possible for spouses to serve as paid caregivers of personal care services to Medicaid members who are eligible for the Connecticut Home Care Program for the Elderly (CHCPE). It is our assumption that the intent of the legislation is to enable spouses to be paid caregivers across all services in which other family members may currently provide personal care, including when family members participate as personal care attendants and as caregivers in Adult Family Living. We urge the Committee to ensure parity and consistency in the application of this policy, as noted, should the legislation be enacted.

Caregiver Homes has been a provider of Adult Family Living services in Connecticut since 2014 and currently serves nearly 500 CHCPE participants and their family caregivers. Through the Adult Family Living service, caregivers (related and not) live with CHCPE participants "like family" in a private home. The family caregiver provides daily personal care and an AFL provider organization ensures the caregiver is qualified, assessed, and consistently supported by a professional care team so the caregiver is prepared and able to provide needed care. We support a wide range of family caregivers to ensure they provide personal care consistent with the Medicaid member's needs and person-centered care plan. We would be pleased to extend that support to the cohort of family members (i.e. spouses) who are providing care, but currently unable to access the professional and financial supports available to other cohorts of family members (e.g., daughters, sons).

For the past 20 years, Seniorlink has been singularly focused on enabling States to keep care at home by supporting family caregivers to meet the needs of their loved ones.¹ We deliver Adult Family Living services to Medicaid populations in ten States and are currently supporting spousal caregivers in a number of those States, including Indiana, Louisiana, and South Dakota. We encourage Connecticut to follow the lead of these States and others that have recognized the value of extending support to spousal caregivers as is done for other family members.

The Case For Inclusion of Spousal Caregivers is Clear

- We are all aware of both the critical shortage of HCBS workers, a shortage that will not be reversed in the short-term, and of the resulting increased reliance on family members and friends to perform personal care activities for members with complex medical and behavioral health conditions.

- Many family caregivers, with the exception of spouses, can currently participate as paid caregivers under Connecticut's current Medicaid authorities. Spousal caregivers are just as integral to care at home for CHCPE members as other cohorts of family caregivers. Like other family members who step up to provide personal care, spouses are often unprepared and unsupported in their caregiving roles.
- Spouses are passionate, committed, and highly motivated to provide quality care, and they should not have to step into full-time caregiving roles without support. They are often the most preferred caregiver of intimate personal care for individuals with complex physical conditions, and of individuals with conditions such as Alzheimer's and other dementias, for whom the presence of a loving, familial caregiver can replace the fears and anxieties associated with other caregivers.
- Through Adult Family Living, spouses would receive ongoing education and coaching, from professionals who are experienced in engaging "informal" caregivers, and modest financial support. This combination of features is essential to building caregiver skills, knowledge, and confidence, reducing caregiver stress, strain, and burnout, and sustaining family members as caregivers over the long term.

We respectfully request your serious consideration of this narrow, but impactful, legislation that will both enhance the choices currently available to otherwise-eligible Medicaid members, and address the real needs of an important subset of family caregivers to ensure they can access long-overdue professional and financial support. LTSS workforce shortages create an imperative to act. **Now is the time to recognize spouses and provide them with the consistent and comprehensive support they need and deserve.**

Finally, we offer the following editorial thought for further revision to the same provision of the statute that would be amended by S.B. No. 946. We recommend replacing, in line 10, "elderly foster care" with "Adult Family Living" as this is the current name of the service made available through the CHCPE.

Thank you for the opportunity to offer these comments. I can be reached at rrichards@seniorlink.com if I may be of assistance in your assessment of this legislation.

Warm regards,

Rachel M. Richards

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Senior Vice President, Government Programs & Government Relations

^{i i} <https://www.seniorlink.com/> Seniorlink contracts with State Medicaid agencies, Medicaid Managed Care Organizations, and PACE sites to deliver home and community-based services, in 10 States, to more than 9,100 individuals and their 12,000+ family caregivers. (States call the benefit we deliver by different names, including Adult Family Living in CT, Adult Foster Care in MA, Shared Living in RI and OH, and Structured Family Caregiving in GA, IN, SD.) We engage and support family caregivers who temporarily step away from careers in the traditional workforce to be full-time caregivers for their loved ones. The individuals in their care are of all ages and are living with chronic health conditions, complex physical and behavioral health conditions, and intellectual and developmental disabilities.